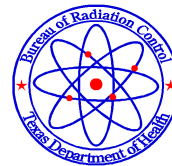




COMPLAINT FORM

Bureau of Radiation Control
(512) 834-6688
Investigation Program



COMPLAINANT INFORMATION (PERSON REPORTING). IF YOU WISH TO REMAIN ANONYMOUS PLEASE SKIP TO THE INFORMATION ON ALLEGED VIOLATOR SECTION.

Name: _____

Address: _____
Street Address City State Zip

Home Phone: _____ Work Phone: _____

INFORMATION ON ALLEGED VIOLATOR

Name: _____

License or Registration Number (if known): _____

Address: _____
Street Address City State Zip

Business Phone: _____ Other Phone: _____

SUPPORTING DOCUMENTATION

Attach documentation such as charts, notes, records; also, names, addresses, and phone numbers of others who may have information about the alleged violations, etc.

DETAILS OF COMPLAINT

Dates of Violations: From: _____ To: _____

Details of Complaint: _____

Details of Complaint: _____

(Page two of two)

Mail your completed packet to:
Texas Department of Health
Bureau of Radiation Control
Compliance and Inspection
1100 West 49th Street
Austin, Texas 78756-3189
or
you may email to:
brad.caskey@tdh.state.tx.us